

# **SEIU 721's Position Paper for Creating a Health Agency**

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**A Pathway to Creating Integrated Care in LA County**





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## **Executive Summary:**

Our County-operated health system is at a crossroads. While our Public Health Department is charged with protecting all County residents, key elements in the more clinically-based programs must transform to improve access, quality, and cross coordination of care.

After conducting six town hall meetings, surveying our members, meeting with key stakeholders and convening our own internal Integration task force we agree with the Board of Supervisors that there is need to improve the integration and coordination of services between DMH, DHS, DPH and to create a Health Agency governance process to help make sure these outcomes are achieved.

Our members believe that the current system of care is not sufficiently nimble to meet the diverse healthcare needs of clients and communities and that there is a significant need to create more cross coordination.

Our members and our Health Integration Task Force feel it is critical to start working immediately on improving the coordination of care of clients and communities. Our clients need more integrated care now. Our suggestions of how to achieve this outcome begins with identifying and implementing project-based Care Integration Work Groups (CIWGs) overseen by the Care Integration Task Force (CITF) representing key departments and stakeholders. The CITF in partnership with the County's representatives will be charged with breaking down barriers to integrated care. The CITF will make recommendations for the structure and resources needs for a Health Agency in order to deepen care coordination for our clients.

We feel strongly that our approach A Pathway to an Agency Model is realistic based on best practices in the industry to create care coordination. With clear authority of the CITF to make decisions this partnership approach will enable the County to develop in a timely manner the appropriate governance structure and resources needed for the work of a Health Agency that will have the responsibility of ensuring coordinated and high quality care for our clients. The experience of project-based workgroups will provide us with the data to make sure the Pathway to a Health Agency is successful.

## **Background for Change (principles and goals)**

SEIU 721 intends to step up and share responsibilities with management to improve the delivery of high quality services. A successful transformation will require tapping into the critical skills and knowledge possessed by SEIU-represented frontline staff, our union (at both local and national level), and County management. SEIU fully supports the integration, not mere co-location, of services and is committed to identifying ways to work with management to provide residents of Los Angeles County high quality integrated care.

Our front-line healthcare workers pride themselves in their system expertise and know they are experts on how to better break through the care barriers that inhibit the integration of mental, public, and physical health.

As one of the largest counties in the nation, Los Angeles is poised to lead the way in successfully implementing the Affordable Care Act; it is SEIU 721 members who are at the forefront of this groundbreaking task and their insight is invaluable.

### **Who We Are and Why Structure Matters to Us**

On any given day approximately 22,000 public-sector and Private Non Profit Clinics unionized healthcare workers, represented by SEIU 721, provide critical health care services to County residents. They counsel, coach, orient, nurse, test, assess, enroll, plan, and discharge thousands of clients. Others are involved in planning, health education, contract monitoring or first-line investigative or advocacy work. Whether their work is clinical, more supportive, administrative, or investigative, or they are involved in planning and policy roles—SEIU 721 members are frontline advocates for clients, patients, and communities and stand prepared to help make needed changes to better integrate the care of our clients.

### **Engagement process and results**

Since January 2015 SEIU 721 has organized six town hall meetings, dozens of worksite meetings, conducted a survey of our members, and launched an internal Integration Taskforce. Task force members met with Health Deputies from all Supervisorial Districts to share and solicit feedback about how to improve the integration of care for our clients. Although there is skepticism among our membership as to whether and how a “Healthcare Agency” could guarantee better coordination, there is consistent agreement that significant changes are needed to ensure that patients, clients, and communities get the services they deserve in consistent manner.

### **Perspectives from a Survey of Front Line Members**

Twenty-eight percent of our members surveyed nearly 1,000 representing a proportionally balanced sample of our members in DMH, DHS, and DPH favored keeping the system ‘status quo.’ Six out of 10 members surveyed felt that structural barriers (silos) woven into the current system force the public to work too hard for services, yet only a minority (34%) felt confident—at this point in time that placing DMH, DHS, and DPH under an agency umbrella would help clients and patients to better navigate through the system. A third agreed that system change was necessary but expressed concerns with a health agency model resulting in possible unintended consequences. If our health system is to thrive every point of view, including people’s concerns and hesitations must be explored and addressed.

### **Suggested Approach – Getting Results While Designing the Appropriate Structure to Ensure Care Integration**

SEIU 721 is committed to working with the management of each of the County’s three health departments. We believe the appropriate mechanism to begin is through a transitional approach used **to ensure we create an effective** care integration system. A launch pad - made up of intentional *Care Integration Work Groups* (CIWGs) overseen by a *Care Improvement Task Force* (CITF). See the attached diagram. Subject matter experts from labor, management,

community organizations, academia, and policy/research bodies can serve on CIWGs. The CITF will then provide oversight and be responsible for having work groups obtain their deliverables in a timely manner. This group will consist of directors plus representatives from labor and community stakeholders and will have the authority to implement needed changes.

Strategic priorities for care coordination will be defined by CITF as well as outcomes to be achieved. Timelines will be established by the CITF for each of the workgroups (CIWGs). Each work group will have a specific area related to care coordination. Where services touch individuals who are incarcerated, the CITF will solicit input from clinical staff within Sheriff's. Where community groups or agencies may have specific clients or communities impacted, community stakeholders will become members of specific workgroups. Specific work groups will be established between two or three departments due to the particular nature of the area to be coordinated. Each work group will be assigned a quality improvement consultant/facilitator to help keep to the timelines that will be developed. The CITF will determine the staff and union representatives that will be needed from DHS, DMH, DPH, and community organizations. These work groups and the Task Force will provide appropriate resources in order to achieve care coordinated outcomes in a timely manner. These resources include dedicated staff time (including backfill) to work on designing and helping to implement new systems of care coordination processes, staff time to obtain in-put from other staff and subject matter experts, access to research on best practices for creating an integrated care delivery system, and training of workgroups in quality improvement techniques so they can use these tools to assess and then implement new systems of care in a timely manner.

This approach of creating an accelerated change process first and then developing the appropriate governance process (e.g. creating a Pathway to a Health Agency) has been an extremely helpful process for other health care systems that transforming their operations to provide more integrated care and then develop the appropriate governance process. The process being suggested is considered a "best practice" for needed transformation to a coordinated and integrated delivery system.<sup>1</sup>

## **Summary and Conclusions**

SEIU 721 leadership is convinced that there is an urgent need to find ways to improve the coordination of services. We feel that the recent Board item is timely and appropriate in order to find innovative and efficient ways to improve the coordination of services to the communities our members serve.

We agree with the intent of the Board's item to improve the integration of client care. We are suggesting an expedited process to improve care coordination and one that will begin to demonstrate tangible results. Our position is grounded in our engagement process with frontline staff and other key stakeholders.

Our position upholds the belief that in order to achieve healthy communities a strong Health Agency governance structure, with the appropriate resources to redesign services, is crucial to ensure that current care coordination is taking place and new processes are established to deepen these activities. Our research and feedback from members and subject matter experts suggests that the method to achieve these outcomes is an interim process. This process should be driven by actual work to improve the integration of care with extensive frontline staff,

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<sup>1</sup> Alegent Health and Fairview Health Services are just two examples of systems that have recently adopted this process.

union, and management involvement. A design phase process must be established (e.g. learning from what really works—the Pathway to a Health Agency) for radical changes to be implemented.

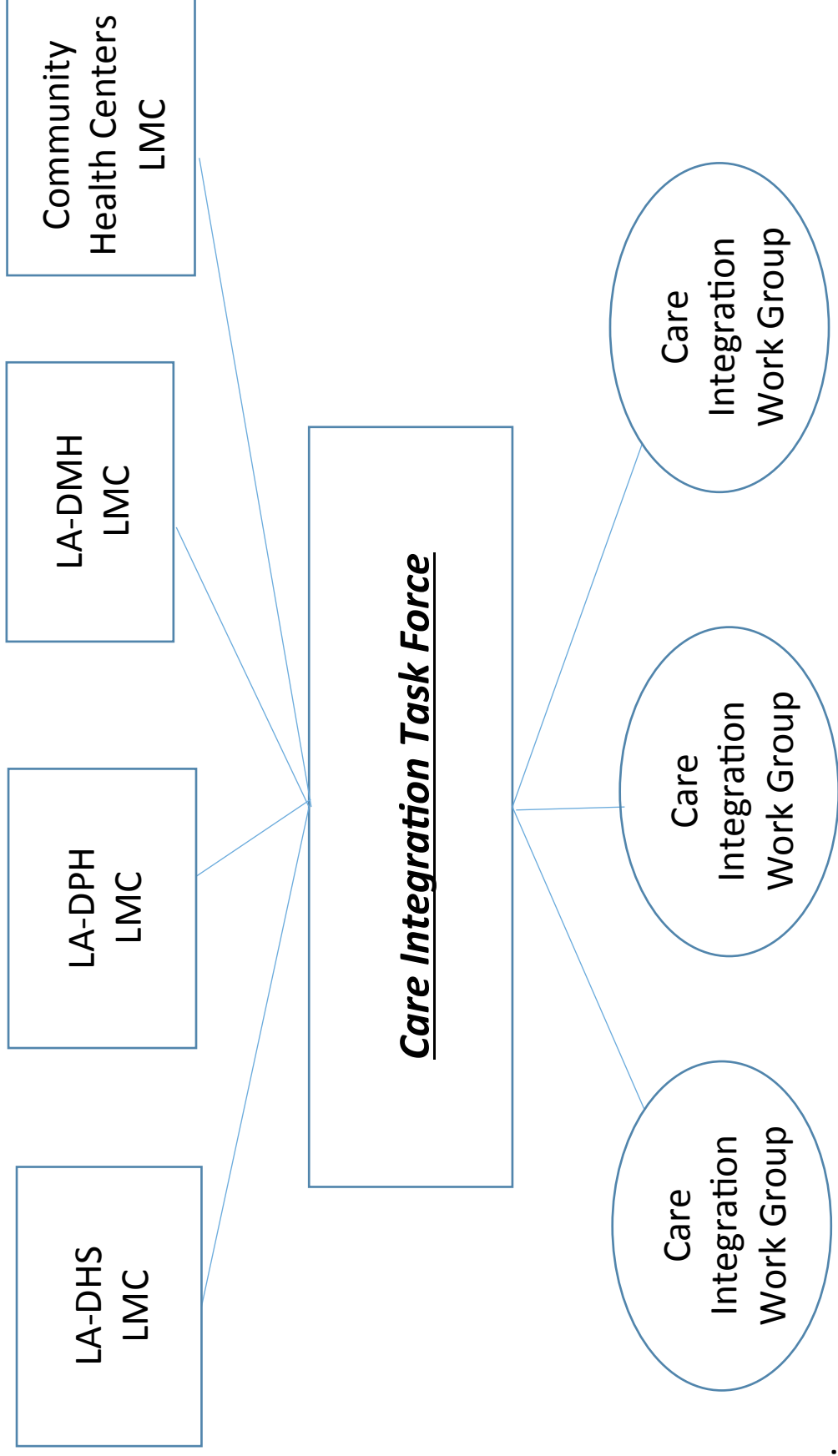
We are eager to share additional details of our approach with you when it is appropriate. We have attached to this position paper SEIU's principles of engagement that we feel should be practices during all phases of work to create more care coordinated activities for our clients, patients, and communities.

A handwritten signature in black ink that reads "Bob Schoonover". The signature is fluid and cursive, with the first name "Bob" and last name "Schoonover" clearly legible.

Bob Schoonover, President, SEIU Local 721  
SEIU 721 Health Integration Task Force

# Pathway to Creating Integrated Care in LA County

## An Organizational Change Structure for Creating the new Health Agency



### Notes:

Agency LMTC – to meet initial for a 2 day retreat and then meet once a quarter

LMCs- to meet once a month



# SEIU 721 Health Integration Planning Principles

As the largest union representing healthcare workers in LA County, SEIU 721 members are instrumental to implementing delivery system change. Success of the integrated health agency will only be possible with the participation and input of our members.

Front-line workers must be involved in the design, implementation and ongoing evaluation of any LA County Health Agency model formed.

As the backbone of the county healthcare systems SEIU 721 members hold that:

- ***Communities, patients, and clients first:*** Integration first and foremost must ‘do no harm.’ It should only happen if it strengthens the safety net and facilitates timely access to appropriate, culturally-competent care of utmost quality.
- ***Fiscal savings re-invested in healthcare services:*** Any cost savings or revenue identified from efficiencies or restructuring must be reinvested in services. Integration must translate into service levels being maintained, but also the continuum of services must be expanded. System financing and budgets must be transparent (and intelligible) and responsible with taxpayer's dollars.
- ***Culturally competent care:*** County health clients, patients, and communities are exceptionally diverse as are their healthcare needs and understanding of wellbeing. Whether care is received in a “behavioral home” or “medical” home, it must address that cultural diversity.
- ***Cohesive services:*** A seamless continuum of care pivots around a cohesive delivery system. Integration must eliminate excessive outsourcing which undermines care cohesion and requires clients, patients, and communities to work harder to obtain services
- ***Integrated services go beyond merely co-located services:*** Clinicians, technicians, financial service workers and others require tools and processes that facilitate timely referrals and information sharing
- ***Mutual respect:*** The important missions of the three health departments cannot be diluted. Respect for institutional knowledge and organizational expertise is paramount. Integration must foster collaboration and equity among departments.
- ***Transparency:*** CEO, Health Agency, and Department leadership must fully comply with the Brown Act. Any new structure must not result in an erosion of the public’s access to policy decisions, information, and resources.
- ***Process:*** Integration must focus principally on breaking down the barriers inhibiting access to quality care. Operational barriers need to be identified prior to focusing on efficiencies or cost-saving efforts that provide little to no patient benefit.
- ***Incorporate best practices, ongoing assessment and evaluation.*** Planning needs to be grounded in health care best practices. Stakeholder involvement needs to be expanded to include defining metrics of success.



# We Can Transform LA County Healthcare From the Ground Up

**L**os Angeles County's elected Board of Supervisors recently voted to approve "in concept" the consolidation of the services provided by the Departments of Health Service (DHS), Public Health (DPH), and Mental Health (DMH) into a single integrated umbrella Health Agency (Agency Model). The Board's position was that the current system of care may no longer be sufficient to deliver essential services — physical, emotional/behavioral, and community health — in the most integrated manner.

The Board tasked the CEO to work with the impacted departments and others and report back on a 'proposed structure' to accomplish a more integrated system of care. The report would also examine "the benefits as well as any drawbacks" of linking the health departments under an umbrella agency — itself headed by a Health Agency Director. *[The Sheriff's Medical Services Bureau was also included as a **possible** candidate for the Health Agency as well as the Environmental Toxicology services performed under Weights and Measures.]*

As a SEIU 721 member you make up the backbone of our current system of care. You have an important stake in what our system looks like going forward. The County Supervisors recognizes that feedback from individuals, agencies and community groups, **and unions** is critical.

Your input on this survey and throughout the engagement process will be vital.

Please take a few minutes to respond to the following questions:



[www.seiu721.org](http://www.seiu721.org)



seiu721



@seiu721

## Contact Information

Name \_\_\_\_\_ Employee # \_\_\_\_\_

Personal Email Address\_\_\_\_\_

Home Zip Code \_\_\_\_\_ Cell Phone # \_\_\_\_\_

☐ Okay to text. SEIU 721 will never charge for mobile messages. Standard data rates may apply. Please check with your cell phone provider.

***Tell us about yourself. What Department do you work at?***

☐ DMH      ☐ DHS      ☐ DPH      ☐ Sheriff      ☐ Weights and Measures

**What is your county classification?**\_\_\_\_\_

**Facility/Program?** \_\_\_\_\_

**1. Which of the following best describes your thoughts on the structure of care delivered in LA County**

- ☐ Los Angeles County's current structure is bureaucratic—each Department operates in its own silo—the public could be better served under a Health Agency model (an umbrella agency integrating services provided by DHS, DMH, DPH)
- ☐ The current system needs to be changed, but a Health Agency could result in possible unintended consequences.
- ☐ Our system is working well enough, why fix it?

**2. Do you believe a Health Agency provides an opportunity for you to:**

- Better coordinate care for patients/clients/the communities you serve ..... ☐ Yes ☐ No ☐ Not Sure
- Provide higher quality services ..... ☐ Yes ☐ No ☐ Not Sure
- Increase the amount of care delivered ..... ☐ Yes ☐ No ☐ Not Sure
- Improve efficiency of services (for example consolidating some services?)..... ☐ Yes ☐ No ☐ Not Sure
- Help ensure adequate funding for service delivery? ..... ☐ Yes ☐ No ☐ Not Sure

**3. In your experience does the current County system require clients, patients, and communities to navigate through too many barriers to receive services?**

☐ Yes    ☐ No    ☐ Not Sure

**3b) If yes, do you think integrating services under a Health Agency might help?**

☐ Yes    ☐ No    ☐ Not Sure

**4. How might an integrated health agency impact your work or working conditions?**

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**5. Thinking about the work in your specific area/unit/program, how might a change to a Health Agency impact the services you or your colleagues deliver**

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***Do you want to get more involved and share your ideas (town halls, focus group discussions, etc.)?***

☐ Yes    ☐ No    ☐ Not Sure